



VOICE OF THE DIABETIC

A SUPPORT AND INFORMATION NETWORK

The Diabetics Division of The National Federation of the Blind

Volume 4, No. 3

SUMMER EDITION

Page 1

Insulin Injections Made Easier

by Karen Vetter



Karen Vetter, shown here with her dog guide, Megan, is an active person who shares how she self-manages her diabetes.

It is a thrill for me to have this opportunity to let my peers know about two exciting, fairly new insulin delivery systems that are discreet, accurate and more convenient. They are the NovoPen and NovolinPen made by Squibb Novo, Inc. These systems were made to encourage multiple injections for better control. The most exciting thing about these pens is that they can be used as easily by the blind as the sighted—they are simply wonderful. Having been totally blind from diabetic retinopathy for the last eight years, I am truly thankful to Squibb Novo for the great changes the NovoPen and NovolinPen have brought in my insulin regimen. No more vials or syringes, and for me, some way to draw varying amounts of insulin. And we all know what a bother that can be.

Both the NovoPen and NovolinPen look like fountain pens and have cartridges like a fountain pen, along with a disposable needle. Each cartridge contains 150 units of insulin. These cartridges are available in Regular Humulin, NPH Humulin or the 70/30 mixture Humulin insulin.

The NovoPen is made of nickel and chromium brass construction. The push-button measurement of the NovoPen accurately delivers two or more units of insulin. This push-button measurement has a very definite audible click.

The NovolinPen is made of a durable plastic. At the end of the pen is a dial with an audible click. After selecting the number of units you need (this can be from 2 to 36 units in even numbers only), you can lock the number in by turning the locking ring in the middle of the pen.

Both of these pens can be easily carried in a pocket, purse or briefcase. Both do come with their own carrying case, approximately 7" x 2" x 1" for the NovolinPen and 6½" x 1½" x ¾" for the NovoPen. Each case holds the pen itself, an extra cartridge of insulin and three extra disposable needles. Once the insulin cartridges are empty, the pen simply will not click to deliver the insulin. You cannot inject yourself with air. These pens with the penfill cartridge currently in use should be stored at room temperature. Both pens have a system whereby you can check to be sure the pen is delivering the accurate amount of insulin. Sighted assistance is needed for this procedure. The disposable needles are silicone coated for injection comfort. I have found they give me the most comfortable injection ever in my 22 years

with diabetes.

How much do these supplies cost? The prices quoted here are approximate. I have found that it really pays to shop around as prices do vary substantially: NovoPen, \$80; NovolinPen, \$40; refill cartridges (five cartridges per box equaling 750 units), \$13; box of 100 disposable needles, \$12. Squibb Novo products are available at every drug wholesaler nationwide. If your local pharmacy does not have these products in stock, they should be able to get them through the drug wholesaler of their choice, in three to four days. Depending on your individual insurance coverage, these supplies may or may not be covered.

I have been using the NovoPen for a year and a half and the NovolinPen for six months and love them both.

(Continued on page 16)

Voice of the Diabetic is a national publication of the Diabetics Division of the National Federation of the Blind. It is read by those interested in all aspects of blindness and diabetes. We show diabetics that they have options regardless of the ramifications they may have had. We have a positive philosophy and know that positive attitudes are contagious!

News items, address changes and other correspondence should be sent to the editor.

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ISSN 1041-8490

Non-Profit Org.
U.S. Postage
PAID
Columbia, MO
Permit No. 360

National Federation of the Blind
811 Cherry St.
Suite 306
Columbia, MO 65201

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Insights for Living Well with Diabetes

by Catherine Feste, B.A.

Director, Today Well-Lived
Minnetonka, Minnesota
(Note: Reprinted with permission from International Diabetes Center, Minneapolis, Minnesota.)

Comment: Cathy Feste has the special gift of inspiring and motivating others. Her background includes ten years of professional experience in diabetes and more than 20 years of personal experience living with insulin-dependent diabetes. Her positive perspective has taken her around the country speaking to both professional and public audiences.

Can one truly live well with a disease? That is a question each person must answer for himself or herself. Robert Louis Stevenson, who had tuberculosis, is reported to have said:

"Life is not a matter of holding good cards, but of playing a poor hand well."

It is with that spirit that we look at living well with diabetes.

The card player who complains about the lousy cards he's been dealt certainly does not win many card games! It is the "poker-faced" card player who successfully convinces his opponents that he has a winning hand who often wins in spite of having poor cards.

The same is true in living with diabetes. Complaining does not do any good. Diabetes won't go away. It can't be fixed. But it is controllable. So, what do we choose to do? Do we complain, or do we get busy controlling what can be controlled? The second option is basic to living well.

Another important choice is to become part of a health care team that can help you learn to control your diabetes. One important role you can play as a team member is to help determine your management plan. With help from your nutritionist, nurse and physician, you can figure out how to work diabetes into your life.

Your management plan will tell you *How* to live well with diabetes. But you must supply the *Why*. The essence of *Living Well* with diabetes is your answer to this question: Why do you want to live well? It is this *Why* that will motivate you to follow the *How*.

He who has a why to live can bear with almost any how. —Nietzsche

Each individual has his or her own concept of what it means to live well. For some it is having energy and vitality. One person said this: "I want to have the energy to do my work and enjoy my family and hobbies. To me, living well is also having a vitality which comes from being excited about life, that is, having fun activities to which I can look forward, giving of myself to worthwhile pursuits and finding something each day to cause me to laugh!"

Actually, this person has given a good description of healthy, mature coping mechanisms. Dr. George Vaillant, Harvard psychiatrist and one of the most respected authorities in adult development, has studied how people adapt to the changes of life. The coping mechanisms he recommends are illustrated above. Vaillant calls them: "altruism" (devotion to family and others), "sublimation" (giving oneself to worthwhile pursuits), and "humor" (finding something to laugh about).

What does *Living Well* mean to you? Think about that. To help you discover your own definition of *Living Well*, explore the areas of your life which you value the most. Then write a brief description of *What* it is that makes each area important to you. To stimulate your thinking, here is an illustration:

Work: It is important to me to feel my skills are being well utilized and that I am making a meaningful contribution.

Family: I want to be a supportive, loving spouse and a nurturing parent. I like to receive my family's support and love.

Social: I enjoy having fun! I appreciate sharing the joys and sorrows of life with close friends, as the Swedish proverb describes: "Shared joy is doubled joy; shared sorrow is half-sorrow."

Physical: I want to feel *Well* physically. I feel *Well* when my weight is in normal range, when my blood sugars are in or close to normal range and when I'm getting regular exercise.

Mental: I want to feel mentally healthy. I feel *Well* when I laugh, when I participate in fulfilling personal relationships, when I can forgive myself for my shortcomings and humbly but honestly celebrate my strengths.

Spiritual: It is spiritual wellness which balances my life with the fulfillment of the mental and physical. I feel spiritually strong when I sense an inner force in my life and I can believe that it will keep me going through all of life's ups and downs.

In the depth of winter I finally learned that within me there lay an invincible summer. —Camus

What does living well mean to you? Explore that question and reach some conclusions. Then concentrate on all of the positive values in your life. Together they are the answer to the question: Why do you want to live well? More importantly, they will inspire you to follow your healthy lifestyle, your carefully designed plan. You will accept the *How* because the *Why* is so important to you. Former ADA president, Dr. Fred Whitehouse, described this concept when he said,

"Control your diabetes to Live! Don't live to control your diabetes."

No Thank You, Help Is Not Needed

by Ed Bryant



Ed Bryant, editor, *Voice of the Diabetic*, shares experiences he has had with misconceptions about diabetes and blindness.

This story pertains to the two accompanying articles: "Fear of Discrimination Haunts Some Diabetics" by Laurie Glenn Frink which reports on discrimination experienced by diabetics, and "Blindness — Discrimination, Hostility and Progress" by Dr. Kenneth Jernigan which reports on discrimination experienced by the blind.

First, I have had diabetes for over 30 years and have been blind, due to diabetes, for about 12 years. So, I think I can speak judiciously about both conditions. Both groups are minorities as there are approximately 12 million diabetics and more than a half-million blind people out of an estimated population of 246 million.

The article titled "Fear of Discrimination Haunts Some Diabetics" discusses cases of discrimination experienced by diabetics. I was diagnosed as having diabetes when I was 14 years old, and except for the initial trauma of being hospitalized and learning how to give injections, I went on enjoying life as most teen-agers do. Most of my peers knew that I had diabetes, but it was not a big deal and was rarely discussed. I enjoyed almost all of the things that everyone else did and had absolutely no problems. I was involved in many groups and clubs and held a variety of jobs and never experienced discrimination from anyone. After graduation, I applied for a job and was hired. I was covered under a group health plan so medical insurance was not a problem, although people with diabetes do have trouble obtaining medical insurance.

Again, I am a diabetic and a strong advocate of doing everything possible to help people with diabetes. Though I have not experienced discrimination as a result of diabetes, I know there are those who have. Diabetes can be insidious, and people with the disease plus many health professionals need to be better educated about the disease.

The article titled "Blindness — Discrimination, Hostility and Progress"

thoroughly analyzes discrimination experienced by the blind, so I will enlighten you with just a few personal experiences and observations. First, I do not believe that discrimination against the blind is as bad as it was in the past. There are not as many condescending societal attitudes about the disabilities of the blind or as many pervasive convictions that the blind are incapable. The sighted public as well as the blind are learning that blind citizens have the ability and the right to be involved in the mainstream of society and that limitations are usually self-imposed. The members of the National Federation of the Blind know that blindness is not synonymous with inability. With more than 50 thousand members, the National Federation of the Blind is the voice of the organized blind and has done more than any other organization or agency to serve blind persons.

With all the Federation's accomplishments towards helping blind people in reaching independence, or in being able to participate in and enjoy all aspects of life like their sighted neighbors, there is still much to be done. Usually discrimination against the blind is not malicious but is due to misunderstandings and the unfortunate assumption by many that blind persons are incapable. "When discrimination is caused by real concern and misunderstanding rather than hate or vindictiveness, it is still discrimination. We know that there is not ill will towards blind persons, nevertheless there is discrimination." (This quote appeared in *Have You Considered* which is reprinted in part in this edition of the *Voice*.)

I have been at airports where I walked through the terminal, through security and down the concourse to my departure gate, and then, after checking in with the attendant, was told that I would have to preboard. I always courteously replied with "No, thank you, I'll board when regular boarding begins." I have never had any trouble getting in line and moving with the line until my ticket was taken. From that point on, it is a simple task to walk down the jetway which leads directly into the airplane. Usually the gate attendants are pleasant, and when I tell them that assistance is not needed, there is not a problem. However, on occasion, they will insist that I preboard. Preboarding is for children and those needing special assistance. When this happens, I wonder why the gate attendant believed I needed special assistance after I walked to the gateway without any help. I do not mind being asked if I need assistance, and if I do, I will say yes. But when I am asked, and my answer is no, then I expect to be treated like an adult and not like a child. When airport personnel insist that I preboard, it shows there is an assumption that blind people need help in almost anything they do, regardless of the circum-

stances.

I do quite a bit of walking with my long white cane and cross many intersections. Rarely do I come to an intersection without one, or often several people, asking me if I need assistance in crossing the street. I do not mind being asked because people are just trying to be helpful, so I courteously thank them and let them know that help is not needed.

There have been occasions when I allowed someone to escort me across a busy intersection. What I do mind, as do many blind persons, is that after being asked if assistance is needed, and when the answer is "No, thank you," that is not the end of it. There have been occasions when the light turned green and a sighted citizen who wanted to help the blind guy has grabbed my arm and/or my cane and attempted to drag me across the street. It is important that I be oriented to direction and walk a straight line when crossing busy intersections, but when someone grabs me and starts pulling, I may be headed in almost any direction. I am usually courteous and tolerant because I know that people are trying to help, but when this happens, being courteous is difficult. Regardless of what is said, the same old assumption remains that help is needed but in actuality, help is not rendered. I am a male (and fairly tall) so I am not often grabbed at intersections. Unfortunately, blind women are far more likely to be grabbed against their will and escorted across intersections.

My office is located on the third floor of an office building and can be reached by either the elevator or the stairway. I have been at this location for over 1 1/2 years, and I rarely use the elevator. I normally climb and descend the two flights of stairs 6 to 8 times a day. On occasion, when I leave my office, I am asked by someone on the floor if I need help to reach the elevator. I am courteous when I say no, but again here lies the assumption that a blind person needs assistance.

The following incident demonstrates the ignorance of people concerning blindness. One afternoon upon leaving my office, I went to the stairs and started down. I passed someone on his way up, and this person stopped after just a few steps.

After arriving at the second level, I walked a few steps and started down the last flight. At this point, I heard the person behind me slowly descend just a few steps. Upon reaching the bottom, I walked to the building's outside door. I heard the person descend the remaining stairs. As I stood near the door, a person approached me saying, "Ed, the door's over here. Do you need some help?" I replied, "No, thank you." At this point, I recognized him as being a man I have known for over 1 1/2 years. On that particular day I wasn't taking my usual walk to the bus stop, but I was waiting for a taxi cab. There is a novelty shop close to the building door, and I heard the man begin a conversation with the owner. I then

decided to wait for my cab outside, so I went to the curb and waited. At about this time the man came outside and said, "Ed, there's no one there yet, do you want me to watch and tell you when your cab arrives?" I thanked him again but said no, as the street is not busy and to me it would be quite obvious when the cab arrived. After I waited awhile I moved back to the side of the building to get out of the sun. Again the man came out and said, "Ed, the door is over here to your left." I said I knew that but did not care to come inside. When my cab arrived, I climbed in and away we went. I relate this story because again the man had the assumption that a blind person is incapable or inept. First, I was followed and watched like a child as I descended the stairs. Next, the man I have been talking about had seen me coming or leaving from work independently on several occasions. Most of the time, I get to work and return home by myself. Plus, I make numerous trips in and out of the office building during the day and yet, as in the case of the man I mentioned, this does not make any difference. He still thinks that because I am blind I have to be watched, guarded and assisted. This is ignorance.

I am an active member of the National Federation of the Blind and do everything I can to help or serve blind citizens. One day in Columbia, Mo., I was selling candy in front of a large discount store to help raise funds for my local chapter of the NFB. On this occasion, I had taken a taxi cab and brought with me a card table, display sign and candy. After I had set up my equipment outside the store and had begun selling, a person whom I had known for years appeared at my table. After I explained what I was doing the person asked me if I was alone. I said that I was and he expressed astonishment that I was by myself. I replied that it was not really a major challenge to sell candy — it just took a little time. This individual told me that I was an exception because most blind people could not do nearly as much as I. He then asked me how I would get home, and I replied that I would call a taxi cab. He asked who would pick up my equipment, and I replied that I would lug it home. My friend was astonished that I could call a cab and manage to get my equipment home. I relate this story for two reasons.

First, I am not an exception to the rule; there are thousands of members of the National Federation of the Blind who handle simple tasks daily. Secondly, this person who I have known for years still could not quite believe that I was able to sell candy and travel with my equipment alone.

Occasionally, I have been shopping at retail outlets with a sighted friend. When it comes time to pay for my purchase(s), I hand the money to the cashier. There have been occasions when the clerk is returning the change and offers it to my sighted friend. When I offer money for a pur-

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chase and there is change due, I expect that the change be given to me. Hera again is the misconception that the blind cannot handle their own affairs.

I could go on with many more indirect forms of discrimination that I know about, but here I wanted to relate personal experiences. I could probably write a book about the many forms of discrimination that affect the blind, but I think my point is made. Often people do not realize they are discriminating, because they are trying to help, but as I have mentioned before, there are too many assumptions regarding a blind person's capabilities. As an example, blind persons are often denied employ-

ment and not given a chance to participate fully in society simply because of blindness.

My special interests, as stated earlier, are blindness and diabetes. Diabetes are sometimes discriminated against, but not nearly as often as blind citizens. About 70 percent of working age blind people are unemployed while the national unemployment rate is only 5.76 percent; of the 30 percent remaining, many are unemployed.

Our organization, the National Federation of the Blind, has pertinent data about blindness for all blind persons, as well as interested sighted persons. For information, please feel free to contact us.

Fear of Discrimination Haunts Some Diabetics

by Laurie Glenn Frink

(Note: This article appeared on January 30, 1989, in *The News-Leader*, Springfield, MO.)

Women and minorities have long fought the job discrimination battle. But there's another war being waged against unfair treatment by a low-profile group: diabetics.

As director of Cox Medical Center's diabetes center, registered nurse Sheila Wofford said she hears about job discrimination against diabetics all the time. She said getting, and keeping, a job should be based on a person's abilities and qualifica-

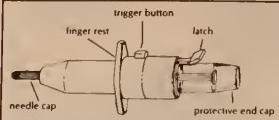
tions — not whether or not he has diabetes.

"Employers might think a diabetic is not as reliable and that they will have to make special arrangements for him," she said. "But it's up to the employer to manage his diabetes, and that can be done."

If a diabetic needs to take an insulin shot before lunch, it can be done in five minutes. And glucose monitoring (pricking a finger and analyzing the glucose level in the blood) takes a maximum of two minutes.

"A lot of people think diabetics (Continued on page 4)

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Discrimination

(Continued from page 3)

have more illnesses and a higher rate of absenteeism," Wofford said. "But our studies show that just doesn't bear out. . . Diabetes doesn't mean unfit."

People with diabetes don't think of themselves as disabled. Yet the very law that protects them against job discrimination is the one designed to protect handicapped workers.

Title V of the Rehabilitation Act of 1973 says diabetes is a handicap if it is used to "exclude qualified workers from jobs, promotions, or other employment activities." The federal law applies to:

— The Executive Department and agencies of the federal government and the U.S. Postal Service.

— Businesses that have contracts or subcontracts with the federal government for more than \$2,500 per year.

— Programs that receive federal financial assistance or support.

In addition to the federal law, most states have their own anti-discrimination statutes. But in Missouri, that's hard information to come by, says Tom Bognanno, executive director of the state's American Diabetes Association affiliate in Jefferson City.

"We recently tried to cooperate in a survey with our 56 affiliates across the USA and Puerto Rico regarding laws on driver's licenses," Bognanno

said. "In some states, if they're honest about having diabetes, they can't even get a regular driver's license. Well, we had an awful time here trying to get what laws are here. We literally went through many different departments and ended up filling the survey out to the effect that we knew there were some restrictions."

Laws can be a double-edged sword for diabetics. While part of them offer protections, others bar people with diabetes from certain types of employment.

For example, the U.S. Transportation Department bars people with insulin-dependent diabetes from driving trucks in interstate commerce. The Federal Aviation Administration denies pilot's licenses to people using insulin.

The Defense Department prevents diabetics from enlisting in the armed forces. And most state and local governments bar people with diabetes from joining the police force, working as paramedics and firefighters.

"You can't be a CIA agent, work for the FBI, or get a pilot's license," Bognanno said. "Those are the ones you read about. But subtle discrimination occurs all the time. We get probably one or two phone calls a week from people throughout the state who are having trouble on the job or can't get a job."

He said the association does send pamphlets to employers informing them it's illegal to discriminate against someone because they're di-

abetic.

"We tell them most insulin-dependent diabetics—if they're under the control of a private physician and are checking their blood sugar level several times a day and watching their diet—their chances of having an insulin reaction are minimal," Bognanno said.

The association is working with lawyers across Missouri who have agreed to examine discrimination complaints.

Yet fear of job discrimination has

kept many diabetics in the closet. The tragedy is that failure to disclose they have diabetes may mean the diabetic can't take the best care of himself, Wofford said.

As with any illness, she said maintaining a high level of self-esteem will have bearing on how well the diabetic fares.

"Most people's primary need of social interaction and positive feeling of self worth is by being a contributing member of society," Wofford said.

Blindness — Discrimination, Hostility, and Progress

by Kenneth Jernigan



Kenneth Jernigan, Executive Director, National Federation of the Blind, enlightens society about discrimination faced by the blind. He states that discrimination "means unreasonable and detrimental classification."

(Editor's Note: Even though the following article was written several years ago, it is not outdated. As years go by the life of the blind continues to improve, but unfortunately there are still widespread misconceptions concerning the abilities of the blind.)

During recent years no word in our language has been more used or misused than the term "discrimination." It has been the battle cry of oppressed minorities, the focus of the national conscience, the cloak of justification for mob violence, and the stimulus and touchstone for the re-evaluation of the traditions and concepts of the American dream. It has been at the center of the social turmoil, at once so promising and so ominous, which has been the principal characteristic of the past decade.

In its essential terms the word "discrimination" as used in connection with human rights and the repression of minorities means unreasonable and detrimental classification. It implies, of course, prejudice, denial of opportunity, unequal treatment, and exclusion from the main channels of economic and social life. But these are results, not causes—results of unreasonable and detrimental classification.

To be discriminatory, the classifi-

cation must have both elements—that is, it must be both unreasonable and detrimental. Otherwise, there is no discrimination. It is, for example, undoubtedly detrimental to the individual who has committed a crime to be classified as a prisoner; but it is not discriminatory, for the classification is reasonable. To be unreasonable, the classification must be made without relevance or logic. In other words unless the trait which is used as the basis for the classification is related to the purpose for the establishment of the classification and unless the purpose is socially desirable, the classification is unreasonable—therefore, discriminatory. To use once again the example of prisoners, it would be unreasonable to put all people over six feet tall into this classification. It would because there is no logical or socially desirable basis for the act. The trait of being six feet tall has no relevance or relationship to the purpose for which the classification of prisoner was created—namely, the protection of society from criminals.

Classifications which one generation may regard as reasonable may be regarded as unreasonable by the next. For the past few years the Federal courts have struggled agonizingly with this problem.

Obviously classification itself is not harmful but a necessity. To put it in the language of the lawyer, those similarly situated should be treated alike, and those not similarly situated should not be treated alike.

In recent years America (and, indeed, the world) has experienced a tremendous acceleration of cultural turmoil and upheaval, of shifting values, and new aspiration. The blind, no less than others, have felt the winds of social change. As they have moved toward the achievement of social and economic opportunity, the blind have become increasingly aware of and discontented with the ancient, detrimental, and unreasonable classifications which have held them in bondage. They have begun to insist with ever louder voice that these discriminations be abolished and to this end have organized themselves for concerted action. This action, though it has been and is in the best traditions of American democracy, has sometimes brought reaction

and hostility. But under such circumstances even the hostility must be regarded as a sign of progress, for historically no group has ever gone from second-class citizenship to equal status in society without passing through a period of hostility.

The discriminations against the blind are often not recognized as such. They cloak themselves in many guises. Some are blatantly overt; others are insidiously subtle. Some are basic and fundamental; others are only peripheral and annoying.

One of the basic principles of our democracy is that there shall be no interference with the right of the individual to freedom of movement. A citizen may go where he will throughout



the nation to accomplish any lawful purpose without hindrance or obstruction. This right is so fundamental that without it most other freedoms are lost, or are seriously curtailed.

In 1965 a blind Iowan, a graduate of our Orientation and Adjustment Center, went to the State of Georgia to accept employment. Trained in the skills of blindness and imbued with the idea that he ought to make his own way in the world, this man went independently, in the best American tradition, to the place where he could find the most satisfactory job.

Last December he received an emergency call from his sister. Both of his parents, living in Iowa, had been taken to the hospital in serious condition. He hurried to the railroad station to board a train for home. The ticket agent—but let the blind Iowan tell his own story. His letter of protest to the president of the Illinois Central Railroad reads in part:

On Sunday afternoon, December 5, 1965, I entered the railroad station in Columbus, Georgia, with plans to board the train leaving there at 3:25 p.m. for Des Moines, Iowa.

Upon talking with the ticket agent, I was advised, because of the fact that I am blind, that I could not purchase a ticket unless he definitely knew that I had someone traveling with me as a guide. The ticket agent stated that it was definitely a policy of the railroad that a blind person could not travel alone. He stated that the conductors would be furious at him were he to sell me a ticket, and because of this he refused to do business with me. This refusal to provide service to me produced a considerable amount of stress and concern. As a matter of fact, I was making the trip to Des Moines for emergency reasons. I had received word that both of my parents were admitted to the hospital, and it was necessary for me to get home as quickly as possible.

I told the ticket agent that since I was a stranger in Columbus, Georgia, and only there for the purpose of making my living, it would be impossible for me to suddenly come up with a guide, which I did not need, in order to satisfy his whims. I explained to him that I travel all over the United States alone and have never experienced difficulty. I pointed out that this is a clear-cut case of discrimination.

The ticket agent then asked the person behind me where she was going, and she stated that her destination was Chicago. He said that he would sell me a ticket as far as Chicago, provided this lady agreed to travel with me and assume responsibility for me. After some discussion, she consented, and he grudgingly and angrily wrote me a ticket. As soon as we were out of his presence, the lady and I parted company, and I traveled alone without difficulty to Chicago and then to Des Moines.

As further proof of the insolent attitude of the ticket agent I found, upon my arrival in Des Moines, that I had been telephoned at the railroad depot in Columbus. The ticket agent angrily informed the caller that he didn't care what happened to me—that I had caused him enough trouble as it was.

Thus we have the story in the words of the man who experienced it. Along with small children and infants, he was placed by the ticket agent in the class of those unable to travel on trains alone and uncared for. What was he to do? He could have meekly turned away and failed to go to his parents, presumably remaining marooned in Columbus, Georgia, forever. Or, as he did, he could have insisted on his right to freedom of movement, thus earning the anger and displeasure of the ticket agent. In fact, the ticket agent very probably felt great kindness for the blind as a class until December 5, 1965. Today he probably regards them as an overly aggressive, unreasonable, and "pushy" lot.

The railroads, incidentally, and the Interstate Commerce Commission disavow any such policies of discrimination against the blind, and the ticket agent in question may very well have been reprimanded. Nevertheless, this is not an isolated or uncommon action. Last year a blind rehabilitation counselor employed by the Iowa Commission for the Blind had a similar experience. In the performance of his job he went to a small Iowa town to contact a blind person needing services. When he started to leave the town on the same railroad that had brought him there, he was refused permission to board the train. It took a good deal of argument and protest to reverse the decision. The home office of the railroad later disavowed the action and promised to take corrective steps.

Recently I talked with another blind person who had experienced a like situation. He is a very successful businessman, who ranks among the top earners of his company. In the course of his business he went to Denver, Colorado. When he went to

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the Denver train station to purchase his return ticket (accompanied, incidentally, by one of the local company executives), he was told in angry tones that blind people have no business traveling alone and that he could not board the train. Wishing to go to Omaha and being a man of ingenuity, he got his ticket by subterfuge. He told the agent that his secretary would be joining him at the next station and that he would be riding along for only a few miles. The agent was not easily satisfied, however, and asked the name of the secretary and where she was staying in the next town. The information was supplied, and the blind man boarded the train. I probably do not need to tell you that there was no secretary, and there was also no problem during the journey.

This sort of experience is not limited to railroads. It happens on buses and planes as well. But it is becoming less common as the protests mount and more and more blind persons go about their business throughout the nation.

Unreasonable and detrimental classification of the blind is not limited to matters affecting their freedom of movement. It extends to almost every area of activity and endeavor. Consider, for example, the matter of insurance. Early in 1965 a blind resident of Des Moines wished to convert from a well-known group insurance policy to individual coverage. He was told by the insurance medical

officer that, because of blindness, he did not meet their underwriting criteria and that accordingly, he must (if he wished the coverage) pay extra premiums in the amount of about eighty dollars per year. The blind person in question is a successful businessman with a wife and family, and he wished the coverage—but not at the rate of eight dollars a year in extra premiums.

He came to me for advice, and I wrote to the insurance medical officer under date of March 18, 1965, as follows:

From what Mr. Blank has told me and from the language of your letter, it would appear that you take the position that Mr. Blank cannot meet your underwriting criteria and, therefore, cannot receive individual insurance coverage because he is blind. If this is so, I would like to know on what facts the decision was based.

To the best of my knowledge, there is no actuarial evidence that blind people have more accidents or illnesses or that they die at an earlier age than sighted people. In fact, strange as it may seem, I believe there may be some evidence to indicate that blind people have fewer accidents than sighted people similarly situated. In any case, this should not be a matter of opinion, but of fact.

In other words we are trying to determine whether we have here a case of discrimination or of proper action

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based on fact. If a hotel clerk refuses to rent a room to a drunk man, he cannot properly be charged with discrimination. This is so because whether a man is drunk or sober has something to do with whether he is a desirable hotel guest. On the other hand, if the same hotel clerk refuses to rent a room to a Jew (or, for that matter, a blind person), then he is most definitely guilty of discrimination. This is so because the nature of one's religion or the degree of his visual acuity has no relationship whatever to his desirability as a hotel guest.

It does not lessen the discrimination if the hotel clerk is very sincere in his belief that Jews or blind people are really not as desirable as others as hotel guests. The matter must still be settled by fact and not by opinion.

Based on all the evidence we have been able to collect and on our own observations, we are inclined to think that the rejection of an insurance applicant solely on the basis of blindness is discrimination instead of a justifiable action. We are inclined to think that the decision springs from belief, emotion, and prejudice instead of evidence. It may be, however, that you are in possession of data which is not available to us. Therefore, I would like to request clarification and elaboration of the position which you have taken.

Very truly yours,

To this letter of inquiry the insurance medical officer answered in part:

Blindness is a physical defect, not related to any particular religion, and your comparing it to a Jew who may or may not be healthy, leaves me at a loss. As you well know, the causative factors in blindness are many—Trauma, Cataract, Glaucoma, Optic Atrophy, Syphilis, and a host of other conditions may result in this condition.

As I stated to Mr. Blank earlier, . . . we cannot issue the contract (at standard rates) if the applicant does not meet our minimum underwriting criteria.

Sincerely,

What is one to say to such a letter! Indeed, some blind people are syphilitic. So are some farmers. But one does not, therefore, refuse to sell insurance to farmers at standard rates. Instead, one refuses to sell to syphilitics—farmers and non-farmers alike. Syphilitics are an identifiable class, and the trait of syphilis has some relationship to the establishment of the differing insurance rate classifications—namely, probabilities of life expectancy, but there is no evidence that blindness has any such relationship. Therefore, the classification would seem to be unreasonable as well as detrimental, thus discriminatory.

Again, this case is by no means an isolated instance. A few years back I

had the experience of being denied the right to purchase flight insurance in an Iowa airport. My argument that I was surely not a greater risk than others on the plane since I intended to ride as a passenger and not as the pilot availed me nothing. I was forced to board the plane uninsured. When I sent a letter of protest to the home office of the company, the local agent was reprimanded and ordered to issue insurance to the blind on equal terms with others. On my next trip to that airport, I was greeted by the insurance agent with absolute rage and fury. In fact, his language was so abusive that I finally felt moved to say to him that from his actions one would think I had done him an injury instead of having been deprived by him of a right.

A blind person of my acquaintance recently bought a life insurance policy from a large company but was denied accidental death coverage. When he protested, the vice-president of the company wrote him a most revealing letter. It said in part:

Undoubtedly among a group of blind persons there will be some lives which will not be more accident prone than individuals having their sight. But as a group, we believe [note the word believe] that their accident rate is higher. Hence we have never issued accidental death coverage to blind persons. . . . We think that as a group blind persons can be more subject to disabilities arising from injuries and further have some restriction at least as to the area of activities for gainful employment. . . .

You go too far in suggesting that our position constitutes discrimination. . . . We will frankly concede that we do not have the statistics for blind persons, either good or bad. . . . Now if there were statistics that supported the point that the incidence of disability or accidents was no higher among blind persons, and we then refused to recognize these statistics, we would indeed be guilty of discrimination. . . . Certainly in the absence of statistics complete enough to be meaningful, this company's management has the right to exercise its judgment in the adoption of underwriting rules.

In replying to this letter the blind man said:

The central thesis of my argument is that unless concrete evidence is brought forth, my blindness should in no way interfere with my insurability. Since your refusal to sell certain insurance coverage to blind persons is not based on evidence or statistics, I can only conclude it is based upon traditional misconceptions.

As to who bears the burden of proof, it is my contention that your company—as well as other companies—must bear the burden of responsibility since you insist upon establishing a relationship between blindness, accidents, and the frequency of other disabilities. Deeply rooted in the American heritage is the notion that the individual is to be considered innocent until proven guilty. An analogous doctrine should apply to denial of insurance coverage.

If, for instance, your company should suddenly decide that it would not issue insurance to Iowans or that it would charge them higher rates than the people of surrounding states because it believed they might be more accident prone than non-Iowans, and if it frankly admitted that it had no evidence upon which to base its belief, how soon would it find itself in court for unreasonable and detrimental classification?

So, the blind man made his case, but he did not get the insurance. Once again the question arises as to what he and others involved in these insurance cases should have done. They might meekly have submitted to the payment of extra premiums and the denial of coverage, thus earning the ill will of no one. Or they might, as they have done, ask for equal treatment with others, thereby creating a certain amount of hostility. The choice is not an easy one.

As an indication of the whimsical and arbitrary nature of insurance practices respecting the blind, some companies charge a blind person extra rates for double indemnity coverage; some write it at standard rates; and some will not issue it at all. In view of these facts, some of us recently requested the Insurance Commissioner for the State of Iowa to take action under the insurance anti-discrimination provisions of the Code of Iowa and to require that companies doing business in the State not classify blind persons as separate from others in the issuance of insurance policies without evidence to substantiate the classification. The matter is now under consideration, and I hope that we get a favorable ruling, even if it brings a certain amount of hostility.

Sometimes progress itself brings problems of detrimental and unreasonable classification. An illustration of this fact can be found in a recent occurrence involving a blind student at the University of Iowa. As our training programs have expanded, an increasing number of blind Iowans have been going to colleges and universities. Upon graduation they quite naturally hope to enter business or one of the professions.

Not long ago a young blind woman, a graduate of our Orientation Center, having finished her preliminary work at the University of Iowa, applied for permission to do student teaching. She was an elementary education major, and student teaching is one of the requirements for certification. There was a serious question raised on the part of the administration of the university as to whether she should be permitted to enroll for the course and make the attempt.

They admitted that she was otherwise qualified and that if she were not blind, she would undoubtedly be admitted to the course. This is how matters stood when I went before a university committee to plead her case. Even though I was able to point out to the professors that there are today at least a hundred blind persons throughout the country successfully teaching sighted children in regular elementary schools, they still ex-

pressed doubt and hesitation. They said that they were not certain that they could think of techniques by which a blind person could cope with certain situations, which make up part of the daily routine of an elementary teacher. I pointed out that such considerations were, to say the least, somewhat academic and esoteric in the face of the fact that blind teachers are now doing these things on a regular basis. In other words, I argued, let the regular procedures apply. Judge her by the same standards as others. If she cannot do the work or pass the tests, then flunk her. But do not place an added obstruction in her path. Do not arbitrarily classify her as unable to teach without even giving her the opportunity to try. This would, indeed, be discrimination at its worst. I am happy to say that this situation was successfully resolved and that the woman in question was permitted to enroll for the course.

Incidentally a number of States (including California, New York, and Pennsylvania) have recently passed laws forbidding discrimination against blind persons (otherwise qualified) as teachers. Even in this progressive action, however, the ancient stereotype shows its power; for Pennsylvania in its law permitting physically disabled persons such as the blind to teach in the public schools could see no better way of accomplishing the purpose than by amending a section of the law dealing with mental disorders, communicable diseases, narcotic addicts, and immoral character. The law, as duly amended, now reads:

Section 1209. Disqualifications. No teacher's certificate shall be granted to any person who has not submitted . . . a certificate from a physician setting forth that said applicant is neither mentally nor physically disqualified, by reason of tuberculosis or any other (chronic or acute defect), communicable disease or by reason of mental disorder from successful performance of the duties of a teacher; nor to any person who has not a good moral character, or who is in the habit of using opium or other narcotic drugs in any form, or any intoxicating drink as a beverage, or to any applicant who has a major physical disability or defect unless such person submits a certificate signed by an official of the college or university from which he was graduated or of an appropriate rehabilitation agency, certifying that in the opinion of such official the applicant, by his work and activities, demonstrated that he is sufficiently adjusted, trained, and motivated to perform the duties of a teacher, notwithstanding his impediment.

Note with what unusual weight the burden of proof falls upon the blind or physically disabled applicant. All who apply to teach require a medical clearance; but he alone requires a testimonial—a testimonial from his college or his rehabilitation counselor to the effect that he is "sufficiently adjusted, trained, and motivated"—and that he has proved all this by his "work and activities"—whatever that may mean. Not only is the burden of

proof upon him; the full spotlight of suspicion is on him: the underlying assumption that he is ill-adjusted and unmotivated.

The practice of lumping the blind with the criminals, the insane, the drug addicts, etc., and treating them all alike as a single class is not new. It is as old as the history of man. But from time to time it assumes new forms. Today, for instance, it is finding its way into the jargon of social science and is reflected in some of the college textbooks. As an example, consider the book significantly entitled *SOCIAL PATHOLOGY*, written by Professor Edwin M. Lembert of the University of California at Los Angeles. Pathology, as the dictionary tells us, is the scientific study of diseases and the diseased. What are the social diseases with which this author is concerned? They are the diseases listed in several chapters under the heading, "Part Two: Deviations and Deviants"—and they include the following: "Blindness and the Blind," "Radicalism and Radicals," "Prostitution and the Prostitute," "Crime and the Criminal," "Drunkenness and the Chronic Alcoholic," and—finally and inevitably—"Mental Disorders."

These then are the deviations and deviants—the forms of social disease and the disease-carriers—which are taken to be the proper subject matter of a study in "social pathology." This is the company which the blind find themselves keeping in a modern textbook of social science.

It is, of course, exactly the company which the blind formerly kept in the asylum and the almshouse. We need only recall the American almshouse of half a century ago, whose inmates comprised (according to a classic description) the *crippled and the sick; the insane; the blind; deaf mutes; feeble-minded and epileptic; people with all kinds of chronic diseases; . . . short term prisoners; thieves; no longer physically capable of crime; worn out prostitutes, etc.* In short, the almshouse was the place of last resort for all those marked indelibly by society as "deviants." Over the years the blind have gradually made their escape from this Bedlam and its psychological stigma.

It is especially significant—and in keeping with the proper moral attitude toward "deviants"—that the author of this textbook on pathological behavior regards the blind, and particularly the organized blind, with undisguised suspicion.

After a summary account of two so-called "militant organizations of the blind," the author concludes: *All these facts create interesting speculation. While the actions of the two groups may be regarded as the group equivalent of tantrum behavior, they also raise a question as to what happens when the blind in a collective capacity desert their traditional roles of humility and agitate in an independent way like any other pressure group.*

To which one replies—what indeed! Under the circumstances it is not surprising that the author's judg-

ment of the general capabilities of the blind is contained in his observation that: "While most of the blind are immobilized because of illnesses or because of extreme dependency, some blind mendicants are able to move fairly well through their environment." Indeed! Indeed!

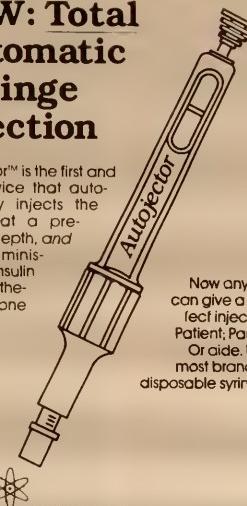
Those of us who are blind are—need we say it once again—citizens as well. We wish to be treated as other citizens are treated, for all ordinary and general purposes. We wish special treatment and classification only for the purposes of meeting the needs or acquiring the skills and training required by our blindness. Most of all we wish to participate freely and to compete normally for our places in the economic and social community—but we hope that in preparing for that competition, our chances may be equalized through the special services necessary for adequate training and opportunity. To achieve these objectives we have, in the best American tradition, organized for collective action and self-expression. The man who can refer to this as "the group equivalent of tantrum behavior" and who goes on to be troubled by "the question as to what happens when the blind in a collective capacity desert their traditional roles of humility and agitate in an independent way like any other pressure group" does, indeed, give us food for thought—but in a way which would probably surprise him.

From the beginnings of recorded history, the blind have been the victims of unreasonable and detrimental classification. Today these discriminations are being recognized for what they are, and the blind and their friends are insisting with growing success upon justice and equal treatment. No matter how moderately it may be done, this resistance to discrimination will inevitably bring a certain amount of hostility. But under such circumstances even hostility is a hopeful sign and is, perhaps, one of the best indicators of our progress. In fact, the future looks increasingly bright for the blind. As more and more blind persons receive training and take their place in the regular economic and social life of the community, ancient stereotypes and misclassifications begin to diminish and lose their force. Although there are individual instances of hostility and resentment at the advancement of the blind, these are by no means predominant. The overwhelming sentiment of the public toward the blind is one of good will and encouragement. Likewise, although there are individual blind persons who are arrogant or overly aggressive, or who cling to their dependent status, the great majority wish only for equal opportunity and equal responsibility. In fact, it cannot be said too often that achievement is made of high hopes and hard work, of drudgery and dreams. The blind of America are willing to work, and work hard; but they also dare to dream.

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SECTION 504 AND BLIND EMPLOYEES—A GUIDE TO REASONABLE ACCOMMODATION AND AN ILLUSTRATIVE LIST OF JOB OPPORTUNITIES

By Ramona Walhof\$3.95

Hiring qualified blind persons is good for employers and good for employees. Good laws require it; good sense recommends it; good business demands it. Most employers would like to hire a blind applicant, but have questions and concerns. This book provides reasonable and practical answers.

"Reasonable accommodation" of blind employees is a good concept—often costing employers little or nothing. This book seeks to demonstrate how it works.

It lists more than fifty types of jobs blind people—often large numbers of blind people—are doing. It also provides information about new technology and tools that are available and helpful to the blind on the job.

WHY SECTION 504: DISCRIMINATION AGAINST THE BLIND IN EMPLOYMENT

A Case Review
Published by the National Federation of the Blind\$4.95

This publication consists of a series of case studies of blind individuals at work during recent years. Many individuals have faced discrimination because of their blindness. This book discusses the steps taken to achieve

equal treatment.

The cases presented provide a background for Title V of the Rehabilitation Act. These case studies demonstrate progress made by the blind to achieve first-class citizenship and road blocks that have been encountered. It demonstrates specifically and repeatedly the need for Sections 503, 504 and 505 of the Rehabilitation Act and how this legislation can improve the lives of thousands of blind and otherwise disabled Americans.

A RESOURCE GUIDE FOR PARENTS AND EDUCATORS OF BLIND CHILDREN

By Doris M. Willoughby, Copyright, 1979\$4.95

When parents of a newborn infant learn that their child is blind, it may be a shock and a disappointment. However, parents must provide an appropriate home environment for the child. There is no one else who can do it. As more and more blind children are enrolled in public and private schools throughout the country, teachers are finding that they will be expected to teach one blind child in a classroom along with many children who are sighted.

Blind children can, if given the opportunity, take an active role in a normal home and school environment. Blindness need not present the kind of problems so often expected.

This book is full of practical suggestions (Continued on page 8)

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gestions. It is a positive approach to work with blind children. Parents and teachers who have read this book have been extremely complimentary of its quality and completeness.

Mrs. Doris Willoughby has 20 years of experience teaching in public schools. In addition, her books draw on the experience of blind and sighted parents and teachers of blind children of all ages. During the past 12 years Mrs. Willoughby has become one of the nation's leaders in her field. Her work—as a teacher of blind children and as a writer—has had an extremely beneficial and far-reaching effect on the education of blind children today.

BLINDNESS AND DISORDERS OF THE EYE

By Leo J. Plummer, M.D.,
Ophthalmologist\$2.25

Dr. Plummer has described in everyday terminology twenty-eight eye conditions which can cause blindness. He has summarized the problem, the treatment and the likely prognosis of each disorder of the eye. This book provides valuable general information in language that can easily be understood by readers who have not had medical training.

It contains an excellent description of the human eye and how it works, as well as some practical suggestions and good advice for individuals who are blind or could become blind in the future.

YOUR SCHOOL INCLUDES A BLIND STUDENT

By Doris Willoughby\$2.25

This book gives careful and detailed attention to scores of different situations confronted by blind children, their parents and teachers in public or private schools. Special attention is given to industrial arts, home economics, writing Braille with a slate and stylus, physical education, map reading, teaching mathematics, cane travel in large public schools and many other topics pertinent to integrating a blind child into elementary or high schools.

HANDBOOK FOR BLIND COLLEGE STUDENTS

.....\$2.25

The Student Division of the National Federation of the Blind has drawn on the experiences of hundreds of blind college students and put them together in this book. There are suggestions about techniques that have been found helpful; about services that can be given most appropriately by the college, the rehabilitation agency and library for the blind. There is also discussion of the role that an organization of blind students can play in the life of the campus and the blind individuals who matriculate there.

What Is the National Federation of the Blind?

The National Federation of the Blind is not a governmental or private service agency for the blind. It is an organization of the blind—the largest in the nation: it is the blind helping themselves.

The real problem of blindness is not the loss of eyesight. The real problem is the misunderstanding and lack of information which exists. If a blind person has proper training and if he or she has opportunity, blindness can be reduced to the level of a mere physical nuisance.

The National Federation of the Blind is the organization of the blind of America. Interested sighted persons are also welcome to join. Founded in 1940, the Federation has grown to include more than ten percent of the nation's blind (over 50,000 members).

The Federation is organized in every state and has local chapters in almost every community of any size in the nation. Where there is no local chapter, there are almost certainly members at large. Each year the National Convention of the Federation is attended by some 2500 blind persons—the largest gathering of blind people anywhere in the world, and the largest in history.

What Is the Purpose of the National Federation of the Blind?

The long-range purpose of the National Federation of the Blind is to in-

tegrate blind persons into American society so they are seen as normal, participating citizens—as people you would want to know, to hire, to work with, associate with in clubs and recreations. There are barriers on the way to this goal:

We must show the public that we are just normal people who cannot see—not helpless and dependent, and not blessed with special powers and gifts.

We must teach those who become blind that blindness is not the end of life. We must show blind children there can be a full life waiting for them. With proper training and skills, they can take a normal part in society—education, a job, a home, a family, normal recreations (camping, bowling, water skiing), and participation in community affairs.

We must make sure that training in the techniques necessary to function efficiently without sight is available. Some kind of training is available in every state, but often it leads only to sitting at home, or making brooms in a sheltered workshop for less than \$1.00 an hour.

We must help blind persons find jobs. Blind people today work as lawyers, psychologists, machinists, farmers, hairdressers; but our best estimates indicate that 70 percent of those who are able to work still do not have jobs, or work only a few days a month in sheltered workshops. Many thoroughly capable

blind persons have never had a job. We must change the outmoded laws, regulations, and practices which keep us shut out. There are laws and regulations preventing blind people from buying insurance, adopting children, living in high-rises, serving on juries, teaching, and traveling freely on airplanes.

We are reaching these goals, but there is still a long way to go.

How Does the National Federation of the Blind Help the Newly Blinded Person?

The newly blinded individual faces a difficult adjustment. The person who becomes blind does not immediately become knowledgeable or an expert on the subject. Instead, all of the prejudice and mistaken images of a lifetime still remain, plus the fact that the person is terribly frightened. One of his or her best medicines is to meet other blind people and learn of their jobs and the techniques they use to do things without sight. Membership in the NFB provides this common meeting ground and, even more important, a sense of participation and restoration of confidence. Members of the NFB contact newly blinded persons to help them with problems of adjustment. Information is also given concerning available services from governmental and private agencies, as well as facts about laws and regulations concerning the blind.

Sweet Success in Freezing Islets

Stefi Weisbord reports from the 24th annual meeting of the Society for Cryobiology, held in Edmonton, Alberta.

(Note: Reprinted with permission from *Science News*, the weekly newsmagazine of science, copyright 1987 by Science Service, Inc.)

A surgical team recently removed most of a baby's pancreas because his pancreatic islets were producing too much insulin. While this procedure solved one problem, it may eventually make the child diabetic, because as he grows he will need more insulin-producing islets to control his blood sugar levels. So the surgeons have frozen the baby's islets in the hope of being able to transplant them back if the need arises in the future.

If the surgery is successful, it will be due largely to the cryopreservation studies of Ray Rajotte, Garth Warnock and Marilyn Coulombe at the University of Alberta in Edmonton. This group says it has now shown conclusively that animal islets can be successfully frozen, thawed and transplanted. The researchers report that they have reversed drug-induced diabetes in rats with healthy cryopreserved islets grafted in the animals' kidneys. They know that the transplanted islets were responsible because when they removed the kidneys, the animals became diabetic again. Testing the viability of islets in this way was not possible in past studies, Coulombe says, because

cryopreserved islets were grafted into the liver, which could not be removed without killing the animal.

The ability to freeze and thaw organs and tissues without damage has been a longtime goal of cryobiologists. Researchers have cryopreserved relatively simple tissues such as skin, but they are still far from storing organs at freezing temperatures. Islets, says Rajotte, "are the most complicated multicellular structures we've been able to freeze."

Scientists have been interested in collecting and storing islets from donors mainly because they hope to use islet transplants as a safer and more effective treatment for some types of diabetes. The traditional approach—periodically giving large doses of insulin that are not tailored to the diabetic's actual blood sugar levels—often leads to later complications such as blindness.

According to Coulombe, there have been a few human transplants with fresh islets, but these have met with only limited success, possibly because insufficient numbers of donor islets were collected. Cryopreservation would give surgeons time to collect many islets from different donors. But Rajotte says his group has also developed a technique for extracting high yields of pure islets in dogs, and this may help surgeons isolate sufficient quantities of islets in new human trials scheduled to begin shortly.

Another potential advantage of

cryopreservation is that certain freeze-thaw conditions may preserve tissue while selectively killing off donor "passenger leukocytes," the white blood cells that trigger an immunological rejection of the tissue. Rajotte's group has also demonstrated that cryopreserved rat islets grafted into mice generally withstand rejection longer than grafted fresh islets. However, the researchers have not yet proved that freezing and thawing per se are in fact solely responsible for the prolonged survival.

Working on the assumption that cryopreservation can affect tissue and leukocytes differently, Michael Taylor and his colleagues at the Medical Research Council in Cambridge, England, are looking for the best freezing regimes for reducing rejection of the transplanted islets. While Rajotte has shown that the survival of islets is optimal during a slow-freeze-quick-thaw procedure, Taylor suspects that this does not kill all leukocytes. Since there has been some suggestion that leukocytes do poorly when frozen quickly, he has set out to see if at least some islets can survive under rapid freezing. His preliminary conclusion is that they can. From this and other studies, says Taylor, islets appear to be able to withstand a much wider range of cryopreservation conditions than any other tissue system. "Why this should be," he says, "is the question that is uppermost in cryobiologists' minds."

Ask Dr. James

by Ronald James, M.D.



Ronald James, M.D., long-term insulin-dependent diabetic, directs Midwest Diabetes Treatment and Education Center, Columbia, MO. Dr. James is also the Medical Director of the Central Missouri Diabetic Children's Camp, Inc.

(Note: If you have any questions for Dr. James, please send them to the editor. The only questions Dr. James will be able to answer are the ones used in his column.)

What Is Pancreatitis and Is It Related to Diabetes?

Pancreatitis is a condition in which the pancreas becomes inflamed. It is often quite painful and makes one

very ill. In our country heavy alcohol consumption is probably the most common cause. By damaging or destroying the pancreas, pancreatitis may lead to decreased insulin production and thus to diabetes. The diabetes may be temporary or permanent.

Is It Possible for Me, as a Diabetic, to Purchase Medical Insurance?

Yes, although the premiums may be increased. Usually the best deal for a diabetic is to obtain group insurance at no increased cost. This is often provided as an employment benefit or is available through membership in many organizations. Purchasing it on an individual basis may be difficult and often expensive.

Why Do Doctors Tell Me to Look on My Diabetes as a Condition I Simply Must Live With and for Me Not to Refer to It as a Disease?

I think this is because your doctor wants you to feel well and function in life as a normal person. If the diabetes is managed and controlled appropriately, one should be able to do this. The word "disease" often implies feeling ill and not being able to function normally. Your doctor wishes for you to avoid this. On the other hand, many diabetics pay little attention to terminology and live relatively normal lives.

Can Insulin Injections Prevent Type I Diabetes?

Researchers at Boston's Joslin Diabetes Center are beginning a study to determine if a single low-dose insulin injection each day may actually help prevent juvenile diabetes in people who are likely to develop the disease.

A special blood test being offered free of charge at Joslin on certain scheduled days, and at other times by appointment or by mail, can identify people who are in the process of developing juvenile diabetes several years before actual symptoms of the disease appear.

In juvenile diabetes, also called Type I diabetes or insulin-dependent diabetes, the body's disease fighting immune system is believed to malfunction, causing the body to destroy its own insulin-producing cells, the islet cells in the pancreas. People with this type of diabetes need daily insulin injections to remain alive, and must closely watch their diet and exercise regularly to manage their disease. Patients who develop diabetes have greatly increased risk of developing such complications as blindness, heart disease, stroke, kidney disease and gangrene.

A relatively simple blood test, the islet-cell antibody test, can identify in-

dividuals whose bodies are in the process of destroying insulin-producing cells. The test can pinpoint this process up to eight years before the classic symptoms of diabetes—excessive thirst, frequent urination, weight loss and blurred vision—appear.

Joslin is offering this test free of charge to the parents, children, brothers and sisters of someone with Type I diabetes, as these are the individuals most likely to develop the disease. Blood can be drawn at the Center, or individuals can write the Center for information on how the blood can be drawn elsewhere and sent to Joslin for analysis.

If an individual tests positive, further testing can tell about when the individual will develop the disease.

Researchers at Joslin believe that they may be able to slow or prevent diabetes from developing by having these pre-diabetic individuals take a single insulin injection each day, to, in effect, rest their islet cells so that they may ward off the immune system attack which is destroying them.

"The initial reaction of a patient may be that insulin injections are an aspect of diabetes they are hoping to avoid," says Joslin Investigator Rich-

ard A. Jackson, M.D. "But we have reason to suspect that people who have had a positive result from an islet cell antibody test—and are therefore believed to be in the process of developing diabetes—may be able to slow that process by taking insulin injections. Studies in animals have shown that this therapy enables the animals to 'rest' their islet cells, and fight off the destructive attack."

"In the past, people have asked what benefit there would be in knowing that they were in the process of developing diabetes, a process that can take several years," admits Dr. Jackson. "Investigators have thought of using immune suppressing drugs in these patients to see if the destructive process could be blunted that way. But these drugs have a number of unwanted side-effects that would prevent someone from taking them for a long period of time."

"Insulin, on the other hand, is a safe substance that a person could take for a number of years if it works to prevent the disease," he adds. "The patient could still eat whatever he or she wanted, and the amount of insulin injected would not be enough to risk insulin reactions. And if the disease could actually be prevented,

then its long-term complications could be thwarted as well."

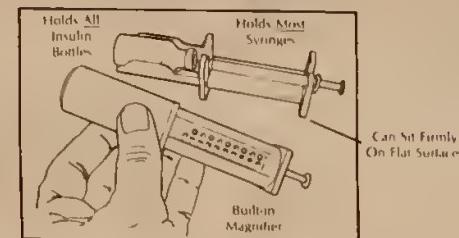
Any individual who has a sibling, child or parent with Type I diabetes is eligible to receive a free islet-cell antibody screening test from Joslin to determine whether they may be developing diabetes. Patients may either have the blood drawn at Joslin, or may have the blood drawn at a local lab and sent to Joslin for analysis. To be eligible for the insulin testing program, patients must have a positive islet cell antibody test; several other simple tests are then performed to determine if the individual is at risk for developing diabetes in the near future.

To obtain detailed information on how to have the islet cell test performed by mail, or to schedule an appointment to have it performed at Joslin on some other date, call (617) 732-2524 between 10 a.m. and noon (Eastern time) Monday, Wednesday or Friday.

Joslin Diabetes Center, located in Boston's Longwood Medical Area, is an international leader in diabetes treatment, education and research which began as the private practice of Dr. Elliott P. Joslin in 1898. Joslin is affiliated with Harvard University.

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Diabetes Fact Sheet

(Note: The following is part of a fact sheet from the American Diabetes Association.)

What is Diabetes: Diabetes is a disease in which the body does not produce or properly use insulin, a hormone that is needed to convert sugar, starches and other food into the energy needed for daily life. It often leads to serious complications that involve nearly every tissue of the body. When high levels of sugar build up in the blood, heart disease, kidney disease, blindness, nerve damage and leg and foot amputations from gangrene occur.

There is no cure for diabetes. But research has made exciting progress in the treatment of people with the disease. Self monitoring of blood glucose, pancreas and islet cell transplants, oral medications, laser therapy to prevent diabetes-caused blindness, and new insight into the dietary needs of people with diabetes are just some of the recent advances that are helping many live healthier, longer lives.

ADA's scientific experts are also confident that recent research dis-

covers may lead to a cure for this life-threatening disease. They are even optimistic that one day there will be a vaccine to prevent diabetes in children.

There are Two Major Types of Diabetes:

Insulin-Dependent Diabetes: About 1 million people have this type, the most severe form of diabetes, which usually hits people when they are young children or adolescents. In order to stay alive, people with insulin-dependent diabetes must take daily injections of insulin. Although it controls the disease, insulin does not cure diabetes.

The tendency for the disease can be present at birth, especially if there is a history of diabetes in a person's family. No one knows what eventually triggers the onset of the disease, though viral infections, such as the flu, are suspect. The symptoms of diabetes often mimic the flu, and ADA works hard to alert health care professionals and the public during flu season to ensure correct diagnosis and help prevent needless deaths.

The warning signs are:

- frequent urination accompanied by unusual thirst
- extreme hunger
- rapid weight loss with easy tiring, weakness and fatigue
- irritability, nausea and vomiting

These symptoms occur suddenly. If they do, see a doctor immediately.

Non-Insulin Dependent Diabetes: The majority of people with diabetes have this type, which usually develops in people over the age of 40 who are overweight. Again, a history of diabetes in one's family increases one's risk of developing the disease. Proper diet and exercise are essential to controlling non-insulin dependent diabetes, although oral medication or insulin also may need to be taken.

The onset of this type of diabetes is often gradual and undramatic. Many Americans first become aware they have the disease after they develop one of its life-threatening complications (i.e. heart disease, kidney disease or eye problems).

The warning signs of non-insulin dependent diabetes may include any of the symptoms mentioned before or the following:

- blurred vision or any change in sight
- tingling or numbness in legs, feet or fingers
- frequent skin infections or itchy skin
- slow healing of cuts and bruises
- drowsiness

If you exhibit any of these symptoms, have your doctor test you for diabetes.

The Dangerous Toll of Diabetes:

— Deaths. Each year, about 150,000 people die as a result of diabetes and its complications.

— Blindness. Each year, 5,000 people lose their sight because of diabetes. Diabetic eye disease is the number one cause of new blindness in people between the ages of 20-74.

— Kidney disease. Ten percent of all people with diabetes develop some kind of kidney disease. This includes end-stage kidney disease where a person requires dialysis or a kidney transplant in order to live. Nearly 25 percent of all new dialysis patients are people with diabetes.

— Amputations. About 45 percent of all non-traumatic leg and foot amputations in the U.S. are caused by diabetes.

— Heart disease and stroke. People with diabetes are 2 to 4 times more likely to have heart disease and 2 to 6 times more likely to have a stroke than people who do not have diabetes.

— Twenty percent of all people with diabetes are either Black or Hispanic. The rate of non-insulin dependent diabetes is 33 percent higher in Blacks and 300 percent higher in Hispanics.

— Over 20 percent of the adults in some Native American Indian tribes have diabetes.

— Direct and indirect costs for diabetes run to \$14 billion annually and account for 3.6 percent of total U.S. health care costs.

Exercise Can Pay Off For Diabetics

by Robert M. Shornick

(Note: This article appeared on January 27, 1988, in the *Columbia Missourian*, Columbia, MO.)

TORONTO (UPI) — Researchers at the university where insulin was discovered have announced that they reversed diabetes in rats using a two-step pancreatic cell transplant procedure that did not need drugs to stop the rejection process.

The University of Toronto scientists said they were encouraged by results of seven years of research, but cautioned they have not found a cure for diabetes, which afflicts about 11 million Americans.

"It will require a lot more work," said Walter Zingg, professor at the university and staff member at Toronto's Hospital for Sick Children.

"Whether we'll have a cure for diabetes we don't know, but maybe we can at least help the population of diabetics... to lead a more normal life," Zingg, 62, told reporters.

Researchers said they did not know if the procedure could work in humans and such tests may not be done for years.

In diabetics, the pancreas fails to

produce insulin, a hormone that enables the body to convert sugar to energy. Insulin injections enable the body to do that, but do not stop associated problems such as blindness and heart and kidney trouble.

Diabetes is the leading cause of blindness and diabetics have a lifespan about one-third shorter than non-diabetics.

Zingg, Julio Martin and Bernard Leibel, also professors at the university where insulin was discovered in 1922, induced diabetes in Wistar rats in an initial experiment.

Rats first were injected with increasing amounts of minced pancreatic tissue from donor rats daily for a year while also receiving insulin. Then, their livers were injected with 500 to 800 islets of Langerhans, small clusters of pancreatic cells that produce insulin.

Symptoms of diabetes were eliminated in five rats as blood-sugar levels returned to normal. Six months later, islets were still found to be producing insulin.

"Six months is a long time in the life of a rat," Miller said.

(Note: This article appeared on April 20, 1988, in the *South County Journal*, St. Louis, Mo.)

I know a guy who changes the oil in his car every 3,000 miles, without fail. He has his car waxed twice a year. It has got to be in the garage at night. How caring is he with his car.

Yet, he carries 240 pounds on a 5-foot-8 frame, is a television "couch potato" each night, and would not consider walking when he has a chance to ride. He cares not about his body.

He also manages, quite successfully, his broad portfolio of financial investments. He makes lots of money.

I marvel at how such a smart man can make such a dumb mistake. But then I realize that each of us makes some dumb mistakes from the viewpoint of another person. Value systems are not all alike.

Investments, of course, touch

many areas—money, energy, time, health. A person's total investment program is tied very specifically to that which the person deems to be important in this one trip through. If diabetes is in your picture, that should have a bearing on the "balance" of your investments.

Let's say you have the option of investing in one of two opportunities:

A. Spend one hour a day for the next 10 years on project X and you will be guaranteed a profit of \$1 million dollars, or,

B. Spend one hour a day for the next 10 years on project Y and you will be guaranteed a healthful existence for those 10 years.

You can't have both. Either is guaranteed. Which would you choose?

We all make investment decisions daily. First we choose an opportunity which will occupy our time, then we

(Continued on page 12)

Whose Rights Anyway?

by Royanne R. Hollins



Royanne R. Hollins is a long-term diabetic who believes in animal experimentation for the benefit of humankind. She asks, "Whose rights are at stake here—those rights of the animals here on earth or the rights of the humans who are suffering incurable diseases?"

The issue of animal rights vs. animal research is hot, emotional, frustrating and extremely controversial. The public has aligned itself on both sides of the fence — i.e., whether to support animal rights or whether to support ethical biomedical research. Whose rights are at stake here — those rights of the animals here on earth or the rights of the humans who are suffering incurable diseases? Let's look at the facts:

Americans are unaware of the devastating effect that animal rights activists are having on lifesaving medical research. There is virtually no major treatment or surgical procedure in modern medicine that could have been developed without animal research. Work with dogs and other animals led to the discovery of insulin and the control of diabetes, to open-heart surgery, the cardiac pacemaker, the external insulin pump and the whole area of organ transplantation.

I am a practicing civil litigation paralegal in Sacramento, CA. I am also an insulin dependent diabetic (for 25 years). I happen to wear an insulin pump for control of my diabetes. I am battling to save my vision and have already undergone a vitrectomy (the removal of the vitreous fluid in the eye with replacement of man-made fluid), which restored the vision to the left eye. I have also undergone numerous laser treatments to both eyes — so many, I have lost count. Do you realize what a miracle that is? It is a miracle that I have any vision today. It is a miracle that I have not succumbed to more severe complications by now. These are miracles of modern medicine.

Where would modern medicine be today if it were not for animal research? I am talking about ethical biomedical research. We are a people who love animals, but we must be realistic. Through the ages we have

harvested animals for food, clothing and shelter. In this century alone, medical scientists working with animals have played a major role in increasing our average life span from 50- to 75-years. What a tragic disservice to ourselves and future generations if we allow the animal rights activists (extremists) to quell this marvelous momentum!

Don't be misled by emotional and false propaganda. The animals in our reputable research laboratories are not being wantonly tortured by sadistic scientists. Such reports should not be taken seriously. Between 17 and 22 million animals are used annually in biomedical experiments, and 75 percent to 90 percent of them are rodents — rats, mice, hamsters, guinea pigs and rabbits. Dogs, cats and primates make up less than 5 percent, with fish, amphibians and birds making up the remainder. Dogs and cats are obtained from pounds or from special breeders.

By working with animals, researchers have raised the cure rate for children afflicted with acute lymphocytic leukemia from 4 percent in 1965 to 70 percent today. Animal research has vanquished smallpox and enabled us to immunize our children against mumps, measles, rubella and diphtheria. We can defend them against infections by means of antibiotics. Animals, too, have profited from the means of research. Many a family pet has had cataracts removed, has undergone open-heart surgery or wears a pacemaker, and many animals have benefited from vaccines for rabies, distemper, anthrax, tetanus and feline leukemia.

Of course, the idea of animal research conjures up images of experiments on beloved family pets. But, the fact is that a small percentage, less than 1 percent are dogs and cats. About 200,000 dogs and cats are abandoned each week in the United States. These are animals that people have left to roam the streets, forage in garbage cans and run wild. After a waiting period in the pound, during which time any pet picked up accidentally may be claimed by its owner or adopted, the animals are put to death. It is only after this waiting period has expired that medical researchers purchase a few already doomed animals (less than 2 percent). In 1986 alone, over 1/10 of our dog and cat population, 10 million animals, were destroyed.

The animal rights activists are now trying to infiltrate on the local fronts, to ban the sale of pound animals for research. This is not right. You have read the statistics above. I hope you can make an educated opinion regarding this very emotional issue based on the statistics given. In recent polls over 80 percent of Americans supported and believed in animal research. Obviously, the waves for animal rights are being made by a strong, organized minority in our

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country, and it must be countered with proper education to the public regarding the fantastic and miraculous progress animal research has allowed to take place on our behalf.

The next time you speak with an animal rights activist, ask them about their history of ever taking an antibiotic to clear up an infection, their history of any hospital procedures whatsoever, their history of using a disinfectant on a wound to prevent an infection, their history of being vaccinated for any of the contagious diseases referenced above. Furthermore, what about their plans if they are diagnosed with a fatal, incurable disease that can be controlled and allow life to continue through the use of medications, but which would be 100

percent fatal without those medications, such as diabetes? Are they truly dedicated enough to prove their point, to die because their medication or their lifesaving operative technique was the result of animal research? I think not!

To me, there is no question of whose rights are at issue here. They are the people's right to life, the right to live, the right to find cures of currently incurable diseases and the right to survive. There is a quote often used, "All men are created equal" — not animals, but people. People are afforded those inalienable rights.

Whose rights are they anyway? You have my answer.

Animals Used in Diabetes Research

(From the editor: I have had Type I diabetes for over 30 years and enjoy life tremendously. If animals hadn't been used for experimentation that led to the discovery of insulin — I WOULD BE DEAD! And I would not be the only one. Millions of other diabetics would have died if insulin hadn't been discovered.)

The following appeared in *The National Long-Range Plan to Combat Diabetes*, a publication of the U.S. Department of Health and Human Services. It was part of an article entitled "Diabetes Research.")

In 1975, few animal models of dia-

betes were available, and none resembled the human form of IDDM. In the past 10 years, two animal models (the BB rat and NOD mouse) have been developed that do resemble IDDM. In both, diabetes develops spontaneously and immunologic destruction of the beta cells occurs. In the BB rat, diabetes can be prevented by transfusion of normal white blood cells into the animals. Further immunologic studies on these two models should provide insight into the cause of IDDM and possible approaches to prevent diabetes in humans.

Have You Considered...?



Lorraine Rovig, Director, Job Opportunities for the Blind, works diligently showing both employers and blind job applicants that "hiring the blind is reasonable, proper, and necessary."

(Editor's Note: Following are sections of a publication of Job Opportunities for the Blind (JOB), a joint project of the U.S. Department of Labor and the National Federation of the Blind.)

When an individual becomes blind, he or she faces two major problems. First, he or she must learn the skills and techniques which will enable him or her to carry on as a normal, productive citizen in the community; and second, he or she must become aware of and learn to cope with public attitudes and misconceptions about blindness—attitudes and misconceptions which go to the very roots of our culture and permeate every aspect of social behavior and thinking.

The first of these problems is far

easier to solve than the second. For it is no longer theory but established fact that, with proper training and opportunity, the average blind person can do the average job in the average place of business—and do it as well as his or her sighted neighbor. The blind can function as scientists, farmers, electricians, factory workers, and skilled technicians. They can perform as housewives, lawyers, teachers, or laborers. The skills of independent mobility, communication, and the activities of daily living are known, available, and acquirable. Likewise, the achievement of vocational competence poses no insurmountable barrier.

In other words the real problem of blindness is not the blindness itself—not the acquisition of skills or techniques or competence. The real problem is the lack of understanding and the misconceptions which exist. It is no accident that the word "blind" carries with it connotations of inferiority and helplessness. The concept undoubtedly goes back to primitive times when existence was at an extremely elemental level. Eyesight and the power to see were equated with light, and light (whether daylight or fire light) meant security and safety. Blindness was equated with darkness, and darkness meant danger and evil. The blind person could not hunt effectively or dodge a spear. In our day society and social values have changed. In civilized countries there is now no great premium on dodging a spear, and hunting has dwindled to the stance of an occasional pastime. The blind are able to compete on terms of equality and in the full current of active life. The primitive conditions of jungle and cave are gone, but the primitive attitudes about blindness remain. The blind are thought to live in a world of

"darkness" and darkness is equated with evil, stupidity, sin, and inferiority.

Do I exaggerate? I wish that it were so. (from "Blindness—Concepts and Misconceptions," by Kenneth Jernigan, Executive Director, National Federation of the Blind)

A TIME OF CHANGE

Since World War II, employment opportunities for the blind and other opportunities for the blind have been improving. This change has been slow and gradual. For example, in the early 1950's the few blind persons who were permitted to take and pass examinations for employment with the federal government were likely to have their names removed from the register because of blindness. Blind persons objected to this kind of treatment, and by the end of that decade, the policy had been changed. It was possible for blind persons to take some tests to qualify for employment with the federal government, and a few—but a very few—were beginning to be hired. Throughout the 1960s and '70s an ongoing effort was made to develop more and better employment opportunities for the blind with the federal government. Today probably between one thousand and two thousand blind persons are employed with many agencies and departments of the federal government doing all kinds of work: ranging from mathematicians to mechanics, from janitors to lawyers, from typists to dishwashers, from engineers to counselors. Still, for the blind, work opportunities with the federal government are limited. Often individuals responsible for hiring do not believe most blind persons can handle a given position, even though some blind persons are already doing it. Often promotions for blind persons do not come when they are deserved while sighted colleagues in comparable situations receive them. Often supervisors do not give challenging assignments to blind employees. In other words, progress for blind persons working for the federal government over the past thirty years has been substantial. Yet, there is a long

way to go. What is true of the federal government is true, also, of state and local governments and of private business.

Employment opportunities for blind individuals have improved immensely, but it is accurate to say that most blind persons face a greater or lesser amount of discrimination when seeking employment.

Examine what was said by Dr. Jacobus tenBroek, President of the National Federation of the Blind, in an address delivered at the annual banquet of that organization in 1957. Most of the situations he described are still occurring today. Some occur less often, and some are now illegal, although everyone knows laws cannot prevent all occurrences they forbid.

1. A blind man (incidentally, a distinguished educator and citizen of his community) was denied a room in a well-known YMCA in New York City—not on the ground that his appearance betokened inability to pay, which it did not; not on the ground that he had an unsavory reputation, which he did not; not on the ground that his behavior was or was likely to be disorderly, which it was not—but on the ground that he was blind. *[Something that still occurs occasionally today]*

2. A blind man was rejected as a donor by the blood bank in his city—not on the ground that his blood was not red; not on the ground that his blood was watery, defective in corpuscles or diseased; not on the ground that he would be physically harmed by the loss of the blood—but on the ground that he was blind. *[This has also occurred recently]*

3. A blind man (in this case a successful lawyer with an established reputation in his community) was denied the rental of a safety-deposit box by his bank—not on the ground that he was a well-known bank robber; not on the ground that he had nothing to put in it; not on the ground that he couldn't pay the rental price—but on the ground that he was blind.

(Continued on page 14)

Exercise

(Continued from page 10)

pump energy and brain power into it. Sometimes we do this thoughtfully; other times we just do it. People with diabetes should have a high investment-conscious profile as to those elements of "maintaining control."

Most physicians tend to suggest a three-part approach to diabetes management. A specific eating plan plus regular exercise are the first two steps. That may do it. If not, medication (oral tablets or insulin) will be necessary.

Following a meal plan is not so bad, and taking prescribed medication isn't a big deal—but for many people, exercise is a tall hurdle. Maybe you are one who views exercise as the physical equivalent of spinach; you know it's good for you but find it hard to swallow. Swallow you should, because exercise is an investment with tremendous dividends.

You don't have to learn to love it.

And you don't have to endure hours of heart-pounding, bone-jarring activity. You can realize benefits from exercise movements that are gentle, easy and slow. Different types of exercise provide different benefits. Aerobics helps your heart, lungs and blood vessels. Stretching keeps muscles flexible and joints in good shape.

How does movement contribute to your diabetes management? Here's one doctor's answer: "Regular physical activity can affect your body chemistry, your muscles and skeletal system, your circulatory system (heart and lungs), and your weight. It can improve blood-sugar control. It can help lower elevated blood fat (triglyceride) levels and promote weight loss."

That's doctor-talk. I'll add to that in diabetes-talk. Regular exercise makes you feel good, takes your mind off your troubles, relieves tension and vastly improves your self-image. What an investment.

ATTENTION • DIABETES • EDUCATORS

Have you found the basics of exchanging foods and planning meals a mind-boggling concept for many of your clients when they have so many new diabetes management techniques to learn? **HEALTHY MEAL PLANNING**, a 15-minute video on the basics of diet for diabetes clearly explains the food exchange system (1986 Exchange Lists) and suggests ideas for meal planning. The video is accompanied by six copy-ready handouts for you to complement your individual teaching as well as reinforce information presented in the video.

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Recipe Corner

Karen Derrick is a registered dietitian at the Veteran's Administration Hospital of Columbia, Missouri. She is an insulin dependent diabetic who graciously calculates the diabetic exchanges and food values for our recipes.

Send your great ideas to the editor. He is the official taste tester and needs recipes to test his taster.

Crab Dip

Submitted by Frances Allen from Columbia, MO

1 (8 oz.) package frozen crab, thawed
8 oz. cream cheese
1 Tbs. mayonnaise
2 Tbs. chili powder
1 small onion, chopped fine

Combine ingredients. Bake at 350 degrees for 25 minutes. Serve warm with crackers or toast points.

Yield: 16 servings, approximately 2 Tbs. per serving; Calories per serving: 75; Diabetic Exchanges: 1/2 meat, 1 fat.

QUICK CHECK

To quickly check if you are on the right track to Healthy Meal Planning and keeping your diabetes under control, remind yourself of the following:

1. Follow a Healthy Meal Plan —lose weight if you need to.
2. Avoid high sugar foods.
3. Have regular meal times.
4. Eat all the carbohydrate foods you are allowed and be sure to space them throughout the day.
5. Cut down on fat, but eat all that you are allowed.
6. Exercise.

(Note: These tips were submitted by Claire C. Hammer, R.D. of Marshall, Michigan.)

Goulash with Green Peppers and Noodles

Submitted by Frances Allen from Columbia, MO

1 lb. boneless beef chunk
2 strips bacon
2 medium sized onions, chopped
3/4 cup beef broth
1 1/2 Tbs Hungarian sweet paprika
3/4 tsp. salt
1 small green pepper
sour cream to serve with goulash (optional)

Cut beef into 1 1/2-inch cubes. Dice the bacon and put into heavy Dutch

oven. Saute over medium to high heat until fat is rendered out. Add beef cubes. Brown slowly until richly browned on all sides. Drain fat. Add the onions. Cook 2 to 3 minutes or until onions are softened. Add the broth, paprika, salt and green pepper; blending well. Cook slowly, covered, without allowing to boil, for about 2 hours or until meat is very tender but not soft. Add more liquid if needed; it should not be soupy. Taste and add salt if needed.

Yield: 4 servings; Calories: 300; Diabetic Exchanges: 3 meat, 1 vegetable, 1 fat (2 Tbs. sour cream = 1 fat).

Country Garden Primavera

Submitted by Frances Allen from Columbia, MO

3 cups zucchini sticks
2 cups cauliflower
1/4 cup margarine
1 1/2 cup cherry tomato halves
1 cup (4 ounces) mostaccioli macaroni (cooked and drained)
1 tsp. dried basil leaves, crushed
1/2 lb. pasteurized processed cheese spread (cubed)

In large skillet, stir fry zucchini and cauliflower in margarine until crisp and tender. Add tomatoes, macaroni and basil. Heat thoroughly. Add process cheese spread; continue cooking until process cheese spread is melted.

Yield: 4 servings; Calories: 340; Diabetic Exchanges: 2 meat, 1 starch, 3 fat.

Dramatic Discoveries in Diabetes Research

(Note: This article appeared in the Exchange, a newsletter published by the American Diabetes Association, Missouri affiliate.)

Immunologists from around the world met to present their latest findings at ADA's first International Research Symposium, "The Immunology of Diabetes." The symposium was held at the Marine Biological Laboratory in Woods Hole, Massachusetts from October 27-30, 1987. Highlights were:

An experimental drug therapy to put Type I diabetes into remission was developed by scientists from the University of Florida. The new therapy uses the drug immuran, together with the steroid prednisone, to suppress the immune systems of people in the early stage of Type I diabetes and to avoid the potential kidney-damaging side effects of cyclosporine treatment.

In a study partially funded by ADA's California Affiliate, Bent Formby, Ph.D., D.Sc. and Charles M. Peterson, M.D., from the Sunsum Medical Research Foundation in Santa Barbara have found a new way to prevent diabetes in mice. First, the

animals' white blood cells are incubated with cyclosporine and the immune hormone interleukin 2, then treated cells are injected back into the animals. The treatment may work because it fosters the growth of suppressor cells, which call off the attack against the pancreas. After further study, the two plan to test the treatment on children in the early stages of Type I diabetes.

Liming Hao, M.D., and Kevin Lafferty, Ph.D., of the Barbara Davis Center for Childhood Diabetes in Denver have uncovered evidence that, in diabetic mice, the pancreas itself may be responsible for provoking the immune assault on insulin-making cells that result in Type I diabetes. Scientists crossed non-obese diabetic (NOD) mice with a strain of non-diabetic mice, then transplanted fetal pancreases from each of the parent strains into their offspring. The pancreases from the non-diabetic mice developed normally, while the pancreases from the NOD mice were stunted in growth and often contained cyst-like malformations. The researchers plan to study the genetics of the NOD mice for clues to the pancreatic abnormality.



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(Inclusion of materials in this publication is for information only and does not imply endorsement by the Diabetics Division of NFB.)

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Autojector: Automatic insulin injection system that "automatically injects the needle at a prescribed depth." Suggested retail price: \$39.95. Contact: Ulster Scientific, Inc., P.O. Box 902, Highland, NY 12528; telephone toll-free: 1-800-431-8233; in NY call: 1-800-522-2257.

Insulin Protector: A pre-refrigerated insulin carrying case that is small enough to fit into purse or briefcase. Cost: \$31.45, including shipping and handling (CA residents add 6% sales tax). Contact: Medicool, Inc., 23761 Madison Street, Torrance, CA 90505; telephone toll-free: 1-800-433-2469; in CA call 1-800-654-1565.

Inject Ease: Automatic insulin injection system "makes injections easy and comfortable." Suggested retail price: \$25-30. See Palco Labs below for ordering.

Insul-Tote: An all weather insulated carry tote used to transport insulin, meter, and strips. Suggested

What You Always Wanted to Know But Didn't Know Where To Ask (Resource List)



retail price: \$15-20. See Palco Labs below for ordering.

Insul-eze: A syringe loading device with built-in magnifier. Suggested retail price: \$10. Contact: Palco Labs, 1595 Soquel Drive, Santa Cruz, CA 95065; telephone toll-free: 1-800-346-4488 or (408) 476-3151.

Count-a-dose: Calibrated for use with B-D 100-u syringes only. By turning a wheel, clicks are heard that measure 2-unit increments. Holds one or two bottles of insulin for mixing, and the needle penetrates the bottle stopper automatically. Instructions on tape and in print are provided. Suggested retail price: \$49.95. Contact: Jordan Medical Enterprises, 12555 Garden Grove Blvd. #507, Garden Grove, CA 92643; telephone (714) 530-5123.

Cassettes

To See Or Not To See: This book is available in large print and on tape and is described as educating "the diabetic, his family, and medical professionals about the need for diabetic control to forestall and prevent the loss of vision due to diabetes." Cost: \$5.75, including shipping and handling. Contact: Donna Kay Schoessow, 4237 East Alderdale Avenue, Anaheim, CA 92807.

Food Exchange List: The Diabet-

ics Division of the National Federation of the Blind is currently recording the new food exchange list. This will be a professional recording and will cost blind consumers \$2. Ordering instructions will be provided in the next edition of the *Voice*.

Videotape

Healthy Meal Planning: A 15-minute video which explains the new food exchange system and suggests ideas for meal planning. Cost: \$49.95. Contact: Claire C. Hammer, RD, Healthy Meal Planning, 524 Sherman Drive, Marshall, MI 49068.

Braille

Exchange List for Meal Planning: We have available in braille the new exchange list for meal planning (83 braille-written pages bound in a nice durable plastic cover). This revision, the first in 10 years, is the result of a joint effort of the American Diabetes Association and the American Dietetic Association and reflects today's food values and eating patterns. It continues to restrict fat but emphasizes high carbohydrate and fiber foods. Nutritive values have been increased in such foods as fruits, milk products and carbohydrate/starch exchanges. New additions include a list of free foods, exchange values of combination foods, and a list of foods

for occasional use. There is also a glossary of nutritional terms and an index of foods. Cost: \$15.00. Contact: Karen Mayry, Diabetics Division of NFB, 919 Main Street, Suite 15, Rapid City, SD 57701; telephone: (605) 348-8418.

Print

Fast Food Facts by Marion J. Franz, R.D., M.S.: This 56 page book gives nutritive and exchange values for fast-food restaurants and provides the updated exchanges for each fast food product listing. Cost: \$3.95. Ordering instructions given below.

The Expresslane Diet by Leo Hauser and Vincent Miller: The publisher states that this 175 page book "offers a quick, easy to follow convenience diet that is nutritionally sound." It also "teaches consumers which convenience foods meet their body's nutritional needs." Cost: \$7.95. Ordering instructions given below.

Diabetes and Exercise by Marion J. Franz, R.D., M.S.: The publisher states that "exercise is important to everyone's health, but it is especially important if you have diabetes." This 160 page book is divided into two sections: "one for people who have a limited range of movement and one for people who can be more active." Cost: \$6.95. Ordering instructions given below.

Diabetes Center, Inc. (DCI) Publishing, Post Office #739, Wayzata, MN 55391; telephone toll-free: 1-800-848-2793; in MN, call collect: 612-541-0239.

Have You Considered...?

(Continued from page 12)

[This is occurring less frequently than it once did]

4. A blind man was rejected for jury duty in a California city—not on the ground of mental incompetence; not on the ground of moral irresponsibility; not on the ground that he would not weigh the evidence impartially and come to a just verdict—but on the ground that he was blind. **[Some states have found it necessary to pass laws forbidding disqualification of the blind for jury duty; in some states, it still occurs]**

5. A blind college student majoring in education was denied permission to perform practice teaching by a state university—not on the ground that her academic record was poor; not on the ground that she had not satisfied the prerequisites; not on the ground that she lacked the educational or personal qualifications—but on the ground that she was blind. **[Colleges and universities jeopardize their federal funding if they refuse to admit handicapped students to certain courses, but blind students still often confront real difficulties in gaining admission to certain courses]**

6. A blind applicant for public employment was denied consideration

by a state civil service commission—not on the ground that he lacked the education or experience specifications; not on the ground that he was not of good moral character; not on the ground that he lacked the residence or citizenship requirements—but on the ground that he was blind. **[This still happens regularly, although less directly]**

7. A blind woman was refused a plane ticket by an airline—not on the ground that she couldn't pay for her ticket; not on the ground that her heart was weak and couldn't stand the excitement; not on the ground that she was a carrier of contagion—but on the ground that she was blind. **[This has happened recently; and worse, some airlines have tried to require that blind persons could not have white canes with them at their seats]**

8. A blind machinist was declared ineligible for a position he had already held for five years. This declaration was the result of a routine medical examination. It came on the heels of his complete clearance and reinstatement on the job following a similar medical finding the year before. These determinations were made—not on the ground of new medical evidence showing that he was blind, for

that was known all along; not on the ground that he could not do the job which he had successfully performed for five years with high ratings; not on the ground of any factor related to his employment—they were made on the ground that he was blind. **[This sort of thing continues to happen, not just to machinists]**

9. A blind high school student who was a duly qualified candidate for student body president was removed from the list of candidates by authority of the principal and faculty of the school—not on the ground that he was an outside infiltrator from some other school; not on the ground that he was on probation; not on the ground that he was not loyal to the principles of the United States Constitution—but on the ground that he was blind. **[This and other similar occurrences continue]**

10. Traveler's Insurance Company, in its standard policy issued to cover trips on railroads, expressly exempts the blind from coverage—not on the ground that there is statistical or actuarial evidence that blind travelers are more prone to accident than sighted travelers are; not on the ground that suitcases or fellow passengers fall on them more often; not on the ground that trains carrying blind passengers

are more likely to be wrecked unless it is the engineer who is blind—but solely on the ground of blindness. Many, if not most, other insurance companies selling other forms of insurance either will not cover the blind or increase the premium. **[This has been changed. We are working to eliminate other discrimination in insurance]**

11. A blind man, who had been a successful justice court and police court judge in his community for eleven years, ran for the position of superior court judge in the general election of 1956. During the campaign his opponents did not argue that he was ignorant of the law and, therefore, incompetent; or that he had been guilty of bilking widows and orphans; or that he lacked the quality of mercy. Almost the only argument that they used against him was that he was blind. The voters, however, elected him handily. At the next session of the state legislature, a bill was introduced disqualifying blind persons as judges. The organized blind of the state were able to modify this bill but not to defeat it. **[This continues. The argument is made, but voters still elect some blind persons who run for office]**

12. More than sixty blind men and

women—among them doctors, teachers, businessmen, and members of various professions—were recently ordered by the building and safety authority of a large city to move out of their hotel-type living quarters. This was *not* on the ground that they were pyromaniacs and likely to start fires; *not* on the ground that they disturbed their neighbors with riotous living—but on the ground that as blind people, they were subject to the code provisions regarding the “bed-ridden, ambulatory, and helpless,” that anyone who is legally blind must live in an institution-type building—with all the rooms on the ground floor, with no stairs at the end of halls, with hard, fire proof furniture, with chairs and smoking-stands lined up along the wall “so they won’t fall over them.” [This is unlikely on such a large scale, although it can occur and does in individual situations]

13. The education code of one of our states provides that deaf, dumb, and blind children may be sent at state expense to a school for the deaf, dumb, or blind, if they possess the following qualifications: (1) They are free from offensive or contagious diseases; (2) they have no parent, relative, guardian, or nearest friend able to pay for their education; (3) that by reasons of deafness, dumbness, or blindness, they are disqualified from being taught by the ordinary process of instruction or education. [Any such law has been superseded by more reasonable national legislation, but blind children often do not receive the kind of education they need]

14. In a recent opinion the supreme court of one of the states held that a blind person who sought compensation for an injury due to an accident, which he claimed arose out of and in the course of his employment by the state board of industries for the blind, was a ward of the state and, therefore, not entitled to compensation. The conception that blind shopworkers are wards of the state was only overcome in another state by a recent legislative enactment. [This is an example of how laws help, but they are only the beginning. Attitudes toward blind employees in workshops still need much improvement]

15. A blind person, duly convicted of a felony and sentenced to a state penitentiary, was denied parole when he became eligible therefore—not on the ground that he had not served the required time; *not* on the ground that his prison behavior had been bad; *not* on the ground that he had not been rehabilitated—but on the ground that he was blind. [Blind persons in penal institutions still have difficulty getting parole, rehabilitation services, or other opportunities that would be appropriate in their situation]

16. A blind man who sat down at a gambling table in Reno, where such things are legal, was denied an opportunity to play—not on the ground that he didn’t know the rules of the

Fill it blindfolded.



Do you think you could fill an insulin syringe perfectly if you were blindfolded? Of course not. Unfortunately, many diabetics have poor vision and must rely on others to fill their syringes.

Count-a-dose™ is designed to give blind or sight-impaired diabetics the independence to fill their own syringes with confidence, accuracy and ease.

- Uses B-D 100-unit (1cc) insulin syringes.
- Fills in 2-unit increments (the same as the divisions on the syringe).
- Makes a distinctive click that can be heard and felt with each increment.
- Holds 1 or 2 bottles of U-100 insulin (any brand) for easy mixing.
- Safe, simple to use and fits in the palm of your hand.
- Made of lightweight shatterproof plastic.
- Easy to read directions and instructional cassette tape included.

For more information on Count-a-dose™ contact Jordan Enterprises at 1-800-541-1193 (outside California), or 714/530-5123 (in California).



Count-a-dose

game; *not* on the ground that he might cheat the dealer or the other players; *not* on the ground that he didn’t have any money to lose—but on the ground that he was blind. [It can still happen]

These last two cases show that the blind are normal in every respect.

These examples tell it like it is—and like it was a quarter of a century ago. The change is apparent. The change is gradual. Job Opportunities for the Blind is a part of the change; employers are a part of the change; the blind are a part of it.

THE JOB OPPORTUNITIES FOR THE BLIND PROGRAM

Job Opportunities for the Blind (JOB) is operated by the National Federation of the Blind in partnership with the United States Department of Labor. A major factor in the success of the program is a network of volunteer field service representatives, staff associates, and friends throughout the country. These volunteers contact employers and prospective employers to collect listings for use in informing blind applicants of positions that are open. These listings are forwarded to JOB headquarters, and they are distributed by volunteers to blind applicants in the state or locality where the jobs are. Volunteers also help employers to learn of and make use of materials circulated from JOB headquarters. Volunteer field service representatives and others often contact blind applicants to share their experiences in employment with them. Blind applicants often need moral support and ideas, since society generally has tended to discourage blind persons from attempting to succeed in many careers.

Job Opportunities for the Blind conducts workshops for employers and seminars for applicants to facilitate the employment of the blind in diversified and responsible positions. Members of the volunteer field service network play an extremely important role in all of these workshops and seminars. Any workshop or seminar is more effective when individuals in the locality where the seminar occurs are actively contacting both employers and blind applicants.

Job Opportunities for the Blind finds vacancies and refers them to qualified applicants. We depend upon the cooperation of thousands of employers to do this. We also refer qualified blind applicants to employers. This two-fold approach is increasing employment opportunities for the blind and understanding of blindness generally. Job Opportunities for the Blind provides guidance, information about vacancies, and encouragement to blind applicants who are looking for work. More than eight hundred of these applicants have found competitive employment as a result of this assistance. A list of the types of work these persons are doing appears elsewhere in this booklet. The work of JOB volunteers and others throughout the country has

made it possible for Job Opportunities for the Blind to reach a great many more applicants and employers than we could otherwise have done. Radio stations have also helped us reach applicants and employers by broadcasting our public service announcements.

Job Opportunities for the Blind is truly a team effort on the part of the U.S. Department of Labor, the National Federation of the Blind, the JOB staff, JOB volunteers throughout the country, employers, and blind applicants. This is the type of coordinated action that is needed to develop new understanding of and opportunities for blind persons. And this is what is happening.

Hiring the blind is
**REASONABLE, PROPER AND
NECESSARY**

It is time for America to recognize the blind as a competent and energetic minority in our midst.

Good LAWS Encourage It!

Good SENSE Recommends It!

Good BUSINESS Demands It!

For more information on JOB, please contact: Lorraine Rovig, Director, Job Opportunities for the Blind, 1800 Johnson Street, Baltimore, MD 21230; telephone: (301) 659-9314; or toll-free: 1-800-638-7518.

For Sale

Our NFB Diabetics Division has for sale an Accu-chek II Diabetes Care Kit, which was donated to us, valued at \$220. It is new and has never been opened. It does not have audio output. If interested, contact: Karen Mayry, 919 Main Street, Suite 15, Rapid City, SD 57701; telephone: (605) 348-8418.

The Way of All Flesh

(Note: The following appeared in the April-May 1989 issue of *The Braille Monitor*, a national magazine published by the NFB).

The spring issues of many monthly magazines include suggested diets designed to inspire or shame readers as they contemplate their summer wardrobes or shop for swimwear. Margaret Warren of Iowa sent us a diet with a difference. We offer it here as an antidote to your other reading. It comes neither recommended nor denigrated. It has struck us, however, as having about it the whisper of truth. Here it is:

Breakfast: one half grapefruit, one slice whole wheat toast, eight ounces skim milk

Lunch: four ounces lean, broiled chicken breast, one cup steamed

**Tidbits and Humor**

spinach, a cup of herb tea, and one Oreo cookie

Dinner: two loaves of garlic bread with cheese, one large sausage, mushroom, and cheese pizza, four cans or one large pitcher of beer, and three milky way bars

Evening Snack: one entire frozen cheesecake, eaten directly from the package

Rules:

1. If you eat something and nobody sees you eat it, it has no calories.

2. If you drink a diet soda with a candy bar, its calories are canceled out by the soda.

3. When you eat with someone else, calories don't count unless you eat more than they do.

4. If you fatten everyone around you, you'll look thinner.

5. Cookie pieces contain no calo-

ries; the process of breaking them causes calorie leakage.

Q: Where do wounded wasps go?

A: To the Waspital.

Recipes Analyzed

(Note: The following appeared in the April-May 1989 issue of *The Braille Monitor*, a national magazine published by the NFB).

From the editor: Sandra (Sandy) Ryan was a student at the Iowa Commission for the Blind during the time I was director. She went on to become a registered dietitian. She recently wrote me as follows:

"I am writing to offer an exciting new service to *Monitor* readers and friends. As you may know, I am a Registered Dietitian. One of the things I can do is analyze recipes for their nutrient content and determine diabetic exchanges for the recipe. I can analyze recipes in print, Braille, or on cassette. My price for print or Braille is \$1.50 per recipe. I will also do cassette recipes for \$1.50 each if a cassette is included with the order. Otherwise, the \$3 cost of the cassette will be included with each recipe after the first costing \$1.50.

"Please have interested individuals contact me at 5117 Schubert, Ames, Iowa 50010 or call (515) 292-2328 (evenings only). I am very excited about being able to offer this service to persons interested in eating a nutritious, balanced diet, and especially to diabetics. Analysis can help everyone to select recipes suitable to their individual lifestyles and needs."

Q: Why does an Indian Chief wear a headdress?

A: Of course, to keep his wig-wam.

New Committee

We have been asked to announce: The American Association of Diabetes Educators has formed a visually impaired person committee (VIP). They are compiling a list of health professionals who have expertise with people experiencing vision impairment and diabetes. For information, contact: Anne Williams, Diabetes Program Coordinator, 1909 East 101st Street, Cleveland, OH 44106; telephone: (216) 791-8118.

Talking Yellow Pages

Southwestern Bell has a service in the southern California area that provides information via telephone, such as the credentials of physicians and lawyers and their office hours. They also give other yellow page information.

To become acquainted with this service, if you live in southern California, telephone: (213) 777-7776. If you live outside this area, telephone: 1-800-777-7776.

Let Us Hear From You

As editor of *Voice of the Diabetic*, I would like to hear about any foul-ups or goofs, as well as your recommendations and criticisms. Articles for the *Voice*, changes of address, and other correspondence should be sent to: Voice of the Diabetic, Ed Bryant, 811 Cherry Street, Suite 306, Columbia, MO 65201; telephone: (314) 875-8911.

Injections

(Continued from page 1)

For my insulin routine I find it best to use the NovoPen for my regular insulin and the NovolinPen for my NPH. With sighted assistance it took me about a half-hour to learn how to use each of these pens. The NovoPen is heavier than a disposable syringe, but this is not a problem for me. After a couple of injections I was very comfortable with it. The locking device on the NovolinPen was a bit of a problem at first, until it became less stiff after several injections. If you have any weakness or lack of strength in your hands you may want to try one before actually purchasing it. The ease and convenience of these pens are wonderful, to say the least. They are easy to carry around and are very inconspicuous.

The NovoPen and NovolinPen have made my life much easier and far less complicated. They give me a freedom and flexibility I never had before. You may want to incorporate one or both of these pens into your life as I have.

For more information consult your health care professional or contact: Squibb Novo, Inc. Phone toll-free, 1-800-727-6500.

If you would like more information or have questions on how these pens have helped me, please feel free to send a tape letter to me: Karen Vetter, 410 Alexander St., Apt. 302, Rochester, N.Y. 14607.

ADVERTISERS

Effective advertising doesn't scream at its audience. It persuades. It sells. The key to cost-effective advertising is making your voice heard in front of an audience who's listening. *Voice of the Diabetic* offers such an outlet. For advertising information, make your voice heard and contact:

Voice of the Diabetic
Ed Bryant, Editor
811 Cherry Street, Suite 306
Columbia, MO 65201
(314) 875-8911

Subscription/Donation/Membership Form

Although the \$2.00 annual membership fee of the Diabetics Division of the National Federation of the Blind (NFB) entitles you to a year's subscription to *Voice of the Diabetic*, production cost per annual subscription of the Voice is about \$8.00. For this reason, we must charge all non-members, health professionals and institutions \$8.00 for an annual subscription. Of course, all donations are accepted and very much appreciated.

If you wish to become a member of the Diabetics Division of NFB and receive a free subscription, subscribe as a non-member, or make a donation to the Diabetics Division of NFB, please check the appropriate box or boxes below:

I would like to become a member of the Diabetics Division of the NFB and receive a free subscription to *Voice of the Diabetic*:
 in print on cassette tape* both in print and on cassette tape* (\$2.00)

*Cassette tapes are provided to the blind at no extra cost.

I am a non-member or health professional who would like to receive *Voice of the Diabetic*.
(Also institutional rate) (\$8.00)

I would like to make a tax-deductible contribution of \$ _____ to the Diabetics Division of the NFB.
Please print clearly.

Name _____

Address _____

City _____

State _____

Zip _____

Telephone Number (_____) _____

Send this form or a facsimile along with your check to our editor:

Ed Bryant, 811 Cherry St., Suite 306, Columbia, MO 65201

Please make all checks payable to the NATIONAL FEDERATION OF THE BLIND.